

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 004903	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 09/27/2012
NAME OF PROVIDER OR SUPPLIER BELL OAKS TERRACE			STREET ADDRESS, CITY, STATE, ZIP CODE 4200 WYNTREE DR NEWBURGH, IN 47630		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
{R 000}	<p>INITIAL COMMENTS</p> <p>This visit was for the PSR (Post Survey Revisit) to the State Licensure Survey completed on March 30, 2012. This visit included the PSR to the Investigation of Complaint IN00104848 completed on March 30, 2012.</p> <p>This visit was in conjunction with the PSR to Investigation of Complaint IN00110082 completed on July 16, 2012.</p> <p>This visit was in conjunction with the PSR to Investigation of Complaint IN00108966 completed on June 7, 2012.</p> <p>Complaint IN00104848 - corrected.</p> <p>Survey Dates: September 26, 27, 2012</p> <p>Facility Number: 004903 Provider Number: 004903 AIM Number: N/A</p> <p>Survey Team: Martha Saull, RN, TC Terri Walters, RN Carole McDaniel, RN Dorothy Watts, RN</p> <p>Census Bed Type: Residential: 35 Total: 35</p> <p>Census By Payor Type: Other: 35 Total: 35</p> <p>Sample: 11</p> <p>Bell Oaks Terrace was found to be in compliance</p>	{R 000}			

Indiana State Department of Health

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

KXYB12

If continuation sheet 1 of 2

Indiana State Department of Health

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{R 000}	Continued From page 1 with 410 IAC 16.2 in regard to the PSR to the State Licensure Survey and the PSR to the Investigation of Complaint IN00104848. Quality review 9/28/12 by Suzanne Williams, RN	{R 000}			